

Khaleel Ahmad

Consultant (Law)

PIO, SB-6 Section

Contact No. 24663288

FAX : 24651332



**NATIONAL HUMAN RIGHTS
COMMISSION**

Manav Adhikar Bhavan, Block-C, GPO
Complex, INA, New Delhi- 110023

Dated...16/10/2023

No. NHRC/RTI/2023/887

Shri Anirban Chakraborty

2 No Motilal Colony, P.O Rajbari Colony

Calcutta West Bengal-700081

Subject: An application received in the Commission on 18.09.2023, filed under
RTI Act by Shri Anirban Chakraborty

Sir,

I am to refer to your above mentioned RTI application received which was transferred to this Commission by the Directorate General of Health Services, National Council Secretariat, New Delhi to respond to Point No.3 of the RTI application whereby you are seeking response to your query as whether the right to obtain second medical opinion, is recognized and adopted by the National Human Rights Commission.

2. In this regard, it is to clarify that neither any recognition or adoption to any right/human right, by the NHRC, is required nor the NHRC makes such recognition/adoption. However, human rights are defined U/s 2(d) of the P.H.R Act, 1993.(copy enclosed)

3. The First Appeal, if any, against the reply of the CPIO may be made to the First Appellate Authority within 30 days of receipt of reply. The details of first appellate authority are as under:-

Shri K.K. Shrivastava, Deputy Registrar
National Human Rights Commission, New Delhi
(Contact No.24663291) E-mail dr3.nhrc@nic.in

Yours faithfully,


Khaleel Ahmad)

Encl. As above.

The Protection of Human Rights Act, 1993

मानव अधिकार संरक्षण अधिनियम, 1993

[As amended by the Protection of Human Rights
(Amendment) Act, 2006-No. 43 of 2006]

[मानव अधिकार संरक्षण (संशोधन) अधिनियम, 2006
(2006 का अधिनियम संख्यांक 43) द्वारा यथासंशोधित]



National Human Rights Commission

राष्ट्रीय मानव अधिकार आयोग

Manav Adhikar Bhawan, C-Block, GPO Complex

मानव अधिकार भवन, सी-ब्लॉक, जी.पी.ओ. कॉम्प्लेक्स

INA, New Delhi - 110 023

आई.एन.ए., नई दिल्ली-110023

Website : www.nhrc.nic.in

वेबसाइट : www.nhrc.nic.in

PRELIMINARY

1. Short title, extent and commencement

(1) This Act may be called the Protection of Human Rights Act, 1993.

(2) It extends to the whole of India.

Provided that it shall apply to the State of Jammu and Kashmir only in so far as it pertains to the matters relatable to any of the entries enumerated in List I or List III in the Seventh Schedule to the Constitution as applicable to that State.

(3) It shall be deemed to have come into force on the 28th day of September, 1993.

2. Definitions

(1) In this Act, unless the context otherwise requires-

- (a) "armed forces" means the naval, military and air forces and includes any other armed forces of the Union;
- (b) "Chairperson" means the Chairperson of the Commission or of the State Commission, as the case may be;
- (c) "Commission" means the National Human Rights Commission under section 3;
- ✓(d) "human rights" means the rights relating to life, liberty, equality and dignity of the individual guaranteed by the Constitution or embodied in the International Covenants and enforceable by courts in India.
- (e) "Human Rights Court" means the Human Rights Court specified under section 30;
- ¹(f) "International Covenants" means the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural rights adopted by the General Assembly of the United Nations on the 16th

¹ Subs. by Act 43 of 2006, s.2, for clause (f) (w.e.f. 23.11.2006).

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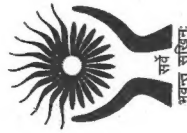
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राष्ट्रीय मानव अधिकार आयोग

National Human Rights Commission

मानव अधिकार भवन, ब्लॉक सी, जीपीओ परिसर, आईएनए,
Manav Adhikar Bhawan, Block-C, GPO Complex INA
नई दिल्ली-110 023, भारत, New Delhi-110 023, INDIA

Website : www.nhrc.nic.in

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FTS -8227200
FILE NO - Z.28016/32/2023-SAS-II(NCS)
Government of India
Directorate General of Health Services
National Council Secretariat

Nirman Bhawan, New Delhi
Dated 14th September, 2023

To,

Sh. Anirban Chakraborty,
2 No. Motilal colony, P.O. Rajbari Colony,
Calcutta (West Bengal) -700081.
Email:-

SUBJECT: Application of Sh. Anirban Chakraborty, seeking information under RTI Act, 2005 – reg.
Sir/Madam,

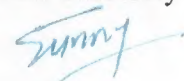
I am to refer to your online applications vide letter no F-20020/208/2022-EHS dated 24.12.2022 and no. A-60011/229/2023-RTI Cell dated 03.02.2023 received in this division on 28 August 2023 and 11.09.2023 respectively, on the above mentioned subject. As far as Clinical Establishment Act division is concerned the information is as under:

S.NO	Question	Information
1.	What are the rights of a patient, irrespective of its affiliation, recognised and adopted by the Govt. of India?	Under the Clinical Establishments (Registration and Regulation) Act, 2010, National Council for Clinical Establishments has approved a Charter of Patients' Rights and Responsibilities for compliance by Clinical Establishments. The same is available at web link: http://clinicalestablishments.gov.in/WriteReadData/3181.pdf
2.	If the right to obtain the second medical opinion (the said right) is recognised and adopted by the Government of India; then provide the followings: i) the details of how each public authorities facilitates patients to entertain	The right to obtain second opinion is also included in the aforesaid Charter at point no.v. i) MoHFW has disseminated the Charter of Patients' Rights to all states vide letters dated 2nd June 2019 and 29-11-2022, with all States/UTs for adoption. The copy of aforesaid letters may be seen at weblink http://www.clinicalestablishments.gov.in/WriteReadData/2911.pdf ii) However, health is a State subject, It is under the remit of the State to implement the rules and regulations given under the CEAct Wherever Act is applicable.

	the said right; ii) the names of the (a) public authorities and (b) health schemes that have no policy on the said right.	It is also to inform that; the Clinical Establishments Act is not applicable in West Bengal. The applicant is requested to contact the Government authorities for further information.
3.	Is the right to obtain second medical opinion recognised and adopted by the National Human Rights Commission?	This division deals with the Clinical Establishment Act, information related to National Human Rights Commission is not available with this division.
4.	For the above queries {1, 2(i), and 3}, provide certified copies of the supporting documents.	Charter of Patients' Rights and Responsibilities is available at web link: http://clinicalestablishments.gov.in/WriteReadData/3181.pdf However, if certified copy is required, applicant may submit fee@ Rs. 2 per page in favour of PAO, DGHS for providing the certified copy which has 5 pages.

As per the RTI Act, 2005, if you are not satisfied with the above reply of the CPIO, you may prefer an appeal (within 30 days) with the Appellate Authority, i.e., Dr. Anil Kumar, Addl.DDG (AK) & FAA, Directorate General of Health Services, Nirman Bhawan, Maulana Azad Road, New Delhi.

Yours Sincerely



Dr. Sunny Swarnkar
CPIO & DADG (SS)

Copy for information to:

1. CPIO, National Human Rights Commission - to send suitable response to the applicant directly, if any.
2. Mrs. Anita Bilung, CPIO & US(MS), MOHFW, Nirman Bhawan, New Delhi.
3. RTI Cell, MOHFW, Nirman Bhawan, New Delhi.
4. RTI Cell, Dte.GHS, Nirman Bhawan, New Delhi.

201-14/371669411-

ON GOVERNMENT OF INDIA SERVICE

No. :

I/3115334/2023



To, Sh. Anirban Chakraborty

2 NO Motilal colony, PO Rajbari colony

Calcutta

West Bengal - 700081

If undelivered please return to :

DIRECTORATE GENERAL OF HEALTH SERVICE

Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi-110108

Tel : +91-11-23061320, 23061113

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राष्ट्रीय मानव अधिकार आयोग
NATIONAL HUMAN RIGHTS COMMISSION

मानव अधिकार भवन, सी-ब्लॉक, जीपीओ कॉम्प्लेक्स, आईएनए, नई दिल्ली-110 023
Manav Adhikar Bhawan, C-Block, GPO Complex, INA, New Delhi-110 023 India
Ph. No. (O) 011-24651329, 24651332
E-mail : cr.nhrc@nic.in, Website : www.nhrc.nic.in

F. No. 28/8/2022-PRP&P

Sanjay Kumar

PIO & Under Secretary
011-24663385

Date: 13th September, 2023

To

Sh. Anirban Chakraborty
2 No., Motilal Colony, P.O. Rajbari Colony,
Calcutta,
West Bengal- 700081.
Email: [redacted]

Subject: Seeking information under RTI Act by Sh. Anirban Chakraborty registered vide RTI No. 800/23 dated 29/08/2023

Sir,

Please refer to your RTI application No. CGHSD/R/T/23/00017 dated 01/02/2023, received on 29/08/2023 in the Commission through Directorate General of Health Services, National Council Secretariat, Govt. of India vide their letter No. Z.28016/32/2023-SAS-II(NCS) dated 23/08/2023 and registered in the Commission vide RTI No. 800/23 dated 29/08/2023 .


2. Perusal of RTI application shows that out of four points on which the information has been sought by the applicant, only Point No. 3 relates to the Research Division. The information desired by the applicant is appended below:

Point 3 of the RTI Application, Information sought	Information provided
Is the right to obtain second medical opinion recognized and adopted by the Human Rights Commission?	Yes, Point No. 6 of the Charter of Patient's Right provides a right to second opinion from an appropriate clinician of patient/ caregivers choice. A copy of the charter is enclosed and the same can also be accessed via link given below: https://nhrc.nic.in/sites/default/files/charter_patient_rights_by_NHRC_2019.pdf

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3. If you are not satisfied with the response, you may file an appeal within one month from the date of receipt of this letter to Shri Sanjay Kumar, First Appellate Authority & Deputy Secretary, National Human Rights Commission, New Delhi (Contact No. 24663245).

Yours Sincerely


(Sanjay Kumar)

Copy to:

Dr. Sunny Swarnkar,
CPIO & DADG (SS),
Directorate General of Health Services,
National Council Secretariat,
Govt. of India,
Nirman Bhawan, New Delhi.

Nodal Officer
RTI Unit

Charter of Patients' Rights for adoption by NHRC

Patients' rights are Human rights!

Preamble

The Universal Declaration of Human Rights (1948) emphasizes the fundamental dignity and equality of all human beings. Based on this concept, the notion of Patient Rights has been developed across the globe in the last few decades. There is a growing consensus at international level that all patients must enjoy certain basic rights. In other words, the patient is entitled to certain amount of protection to be ensured by physicians, healthcare providers and the State, which have been codified in various societies and countries in the form of Charters of Patient's Rights. In India, there are various legal provisions related to Patient's Rights which are scattered across different legal documents e.g. The Constitution of India, Article 21, Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002; The Consumer Protection Act 1986; Drugs and Cosmetic Act 1940, Clinical Establishment Act 2010 and rules and standards framed therein; various judgments given by Hon'ble Supreme Court of India and decisions of the National Consumer Disputes Redressal Commission.

This Charter of Patient's Rights adopted by the National Human Rights Commission draws upon all relevant provisions, inspired by international charters and guided by national level provisions, with the objective of consolidating these into a single document, thereby making them publicly known in a coherent manner. There is an expectation that this document will act as a guidance document for the Union Government and State Governments to formulate concrete mechanisms so that Patient's Rights are given adequate protection and operational mechanisms are set up

to make these rights functional and enforceable by law. This is especially important and an urgent need at the present juncture because India does not have a dedicated regulator like other countries and the existing regulations in the interest of patients, governing the healthcare delivery system is on the anvil, some States have adopted the national Clinical Establishments Act 2010, certain other States have enacted their own State level legislations like the Nursing Homes Act to regulate hospitals, while a few other States are in the process of adopting / developing such regulation. The Charter of Patient's Rights has been drafted with the hope that it shall be incorporated by policy makers in all existing and emerging regulatory legislations concerning the health care sector. This charter would also enable various kinds of health care providers to actively engage with this framework of patients' rights to ensure their observance, while also benefiting from the formal codification of patients responsibilities.

Another objective of this Charter is to generate widespread public awareness and educate citizens regarding what they should expect from their governments and health care providers—about the kind of treatment they deserve as patients and human beings, in health care settings. NHRC firmly believes that informed and aware citizens can play a vital role in elevating the standard of health care, when they have guidance provided by codified rights, as well as awareness of their responsibilities.

NHRC believes that this Charter of Patients' Rights will be an enabling document to ensure the protection and promotion of Human rights of those who are among some of the most vulnerable sections of society – ordinary patients and citizens seeking health care across India.

	Rights of patients	Description of rights and associated duty bearers	Reference
1	Right to information	<p>Every patient has a right to adequate relevant information about the nature, cause of illness, provisional / confirmed diagnosis, proposed investigations and management, and possible complications To be explained at their level of understanding in language known to them.</p> <p>The treating physician has a duty to ensure that this information is provided in simple and intelligible language to the patient to be communicated either personally by the physician, or by means of his / her qualified assistants.</p> <p>Every patient and his/her designated caretaker have the right to factual information regarding the expected cost of treatment based on evidence. The hospital management has a duty to communicate this information in writing to the patient and his/her designated caretaker. They should also be informed about any additional cost to be incurred due to change in the physical condition</p>	<p>1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010</p> <p>2) MCI Code of Ethics</p> <p>3) Patients Charter by National Accreditation Board for Hospitals (NABH)</p> <p>4) The Consumer Protection Act, 1986</p>

of the patient or line of treatment in writing. On completion of treatment, the patient has the right to receive an itemized bill, to receive an explanation for the bill(s) regardless of the source of payment or the mode of payment, and receive payment receipt(s) for any payment made.

Patients and their caretakers also have a right to know the identity and professional status of various care providers who are providing service to him / her and to know which Doctor / Consultant is primarily responsible for his / her care. The hospital management has a duty to provide this information routinely to all patients and their caregivers in writing with an acknowledgement.

<p>2 Right to records and reports</p>	<p>Every patient or his caregiver has the right to access originals / copies of case papers, indoor patient records, investigation reports (during period of admission, preferably within 24 hours and after discharge, within 72 hours). This may be made available wherever applicable after paying appropriate fees for photocopying or allowed to be photocopied by patients at their cost.</p>	<p>1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010</p> <p>2) MCI Code of Ethics section 1.3.2</p> <p>3) Central Information Commission</p>
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		<p>The relatives / caregivers of the patient have a right to get discharge summary or in case of death, death summary along with original copies of investigations.</p> <p>The hospital management has a duty to provide these records and reports and to instruct the responsible hospital staff to ensure provision of the same are strictly followed without fail.</p>	<p>judgment, Nisha Priya Bhatia Vs. Institute of HB&AS, GNCTD, 2014</p> <p>4) The Consumer Protection Act, 1986</p>
3	<p>Right to</p> <p>Emergency</p> <p>Medical Care</p>	<p>As per Supreme Court, all hospitals both in the government and in the private sector are duty bound to provide basic Emergency Medical Care, and injured persons have a right to get Emergency Medical Care. Such care must be initiated without demanding payment / advance and basic care should be provided to the patient irrespective of paying capacity.</p> <p>It is the duty of the hospital management to ensure provision of such emergency care through its doctors and staff, rendered promptly without compromising on the quality and safety of the patients.</p>	<p>1) Supreme court judgment</p> <p>Parmanand Katara v. Union of India (1989)</p> <p>2) Judgment of National Consumer Disputes Redressal Commission</p> <p>Pravat Kumar Mukherjee v. Ruby General Hospital & Others (2005)</p> <p>3) MCI Code of Ethics sections 2.1 and 2.4</p> <p>4) Article 21 of the Constitution 'Right to Life'</p>

4	Right to informed consent	<p>Every patient has a right that informed consent must be sought prior to any potentially hazardous test/treatment (e.g. invasive investigation / surgery / chemotherapy) which carries certain risks.</p> <p>It is the duty of the hospital management to ensure that all concerned doctors are properly instructed to seek informed consent, that an appropriate policy is adopted and that consent forms with protocol for seeking informed consent are provided for patients in an obligatory manner.</p> <p>It is the duty of the primary treating doctor administering the potentially hazardous test / treatment to explain to the patient and caregivers the main risks that are involved in the procedure, and after giving this information, the doctor may proceed only if consent has been given in writing by the patient / caregiver or in the manner explained under Drugs and Cosmetic Act Rules 2016 on informed consent.</p>	<p>1) MCI Code of Ethics section 7.16</p> <p>2) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010</p> <p>3) The Consumer Protection Act, 1986</p> <p>4) Drugs and Cosmetic Act 1940, Rules 2016 on Informed Consent</p>
5	Right to confidentiality,	<p>All patients have a right to privacy, and doctors have a duty to hold information about their health condition and treatment plan in strict confidentiality, unless</p>	<p>1) MCI Code of Ethics sections 2.2, 7.14 and 7.17.</p>

	human dignity and privacy	<p>it is essential in specific circumstances to communicate such information in the interest of protecting other or due to public health considerations.</p> <p>Female patients have the right to presence of another female person during physical examination by a male practitioner. It is the duty of the hospital management to ensure presence of such female attendants in case of female patients. The hospital management has a duty to ensure that its staff upholds the human dignity of every patient in all situations. All data concerning the patient should be kept under secured safe custody and insulated from data theft and leakage.</p>	<p>2) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010</p>
6	Right to second opinion	<p>Every patient has the right to seek second opinion from an appropriate clinician of patients' / caregivers' choice. The hospital management has a duty to respect the patient's right to second opinion, and should provide to the patients caregivers all necessary records and information required for seeking such opinion without any extra cost or delay.</p> <p>The hospital management has a duty to ensure that any decision to seek such</p>	<p>1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010</p> <p>2) The Consumer Protection Act, 1986</p>

	<p>second opinion by the patient / caregivers must not adversely influence the quality of care being provided by the treating hospital as long as the patient is under care of that hospital. Any kind discriminatory practice adopted by the hospital or the service providers will be deemed as Human Rights' violation.</p>		
7	<p>Right to transparency in rates, and care according to prescribed rates wherever relevant</p>	<p>Every patient and their caregivers have a right to information on the rates to be charged by the hospital for each type of service provided and facilities available on a prominent display board and a brochure. They have a right to receive an itemized detailed bill at the time of payment. It would be the duty of the Hospital / Clinical Establishment to display key rates at a conspicuous place in local as well as English language, and to make available the detailed schedule of rates in a booklet form to all patients / caregivers.</p> <p>Every patient has a right to obtain essential medicines as per India Pharmacopeia, devices and implants at rates fixed by the National Pharmaceutical Pricing Authority (NPPA) and other relevant authorities. Every patient has a right to receive health care services within the range of rates for procedures and services prescribed by Central and State Governments from</p>	<p>1) MCI Code of Ethics section 1.8 regarding Payment of Professional Services</p> <p>2) Section 9(i) and 9(ii) of Clinical establishments (Central Government) Rules 2012</p> <p>3) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010</p> <p>4) Various Drug price control orders</p> <p>5) The Consumer Protection Act, 1986</p>

		<p>time to time, wherever relevant. However, no patient can be denied choice in terms of medicines, devices and standard treatment guidelines based on the affordability of the patients' right to choice.</p> <p>Every hospital and clinical establishment has a duty to ensure that essential medicines under NLEM as per Government of India and World Health Organisation, devices, implants and services are provided to patients at rates that are not higher than the prescribed rates or the maximum retail price marked on the packaging.</p>	<p>6) Drugs Price Control Order (DPCO)</p> <p>section 3 of the Essential Commodities Act, 1955</p>
8	Right to non-discrimination	<p>Every patient has the right to receive treatment without any discrimination based on his or her illnesses or conditions, including HIV status or other health condition, religion, caste, ethnicity, gender, age, sexual orientation, linguistic or geographical /social origins.</p> <p>The hospital management has a duty to ensure that no form of discriminatory behaviour or treatment takes place with any person under the hospital's care.</p> <p>The hospital management must regularly orient and instruct all its doctors and</p>	<p>1) Annexure 8 of standards for</p> <p>Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010</p>

	staff regarding the same.	
9	<p>Right to safety and quality care according to standards</p> <p>Patients have a right to safety and security in the hospital premises. They have a right to be provided with care in an environment having requisite cleanliness, infection control measures, safe drinking water as per BIS/FSSAI Standards and sanitation facilities. The hospital management has a duty to ensure safety of all patients in its premises including clean premises and provision for infection control. Patients have a right to receive quality health care according to currently accepted standards, norms and standard guidelines as per National Accreditation Board for Hospitals (NABH) or similar. They have a right to be attended to, treated and cared for with due skill, and in a professional manner in complete consonance with the principles of medical ethics. Patients and caretakers have a right to seek redressal in case of perceived medical negligence or damaged caused due to deliberate deficiency in service delivery.</p> <p>The hospital management and treating doctors have a duty to provide quality health care in accordance with current standards of care and standard treatment guidelines and to avoid medical negligence or deficiency in service</p>	<p>1) Clinical establishments (Central Government) Rules 2012</p> <p>2) The Consumer Protection Act, 1986</p>

		delivery system in any form.	
10	Right to choose alternative treatment options if available	<p>Patients and their caregivers have a right to choose between alternative treatment / management options, if these are available, after considering all aspects of the situation. This includes the option of the patient refusing care after considering all available options, with responsibility for consequences being borne by the patient and his/her caregivers. In case a patient leaves a healthcare facility against medical advice on his / her own responsibility, then notwithstanding the impact that this may have on the patient's further treatment and condition, this decision itself should not affect the observance of various rights mentioned in this charter.</p> <p>The hospital management has a duty to provide information about such options to the patient as well as to respect the informed choice of the patient and caregivers in a proper recorded manner with due acknowledgement from the patient or the caregivers on the communication and the mode.</p>	<p>1) Annexure 8 of standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical Establishment Act 2010</p> <p>2) The Consumer Protection Act, 1986</p>
11	Right to choose source for	When any medicine is prescribed by a doctor or a hospital, the patients and their caregivers have the right to choose any registered pharmacy of their	1) Various judgments by the National Consumer Dispute Redressal

obtaining medicines or tests	<p>choice to purchase them. Similarly when a particular investigation is advised by a doctor or a hospital, the patient and his caregiver have a right to obtain this investigation from any registered diagnostic centre/laboratory having qualified personnel and accredited by National Accreditation Board for Laboratories (NABL).</p> <p>It is the duty of every treating physician / hospital management to inform the patient and his caregivers that they are free to access prescribed medicines / investigations from the pharmacy / diagnostic centre of their choice. The decision by the patient / caregiver to access pharmacy / diagnostic centre of their choice must not in any ways adversely influence the care being provided by the treating physician or hospital.</p>	<p>Commission</p> <p>2) The Consumer Protection Act, 1986</p>
12	<p>Right to proper referral and transfer, which is free from perverse commercial</p>	<p>A patient has the right to continuity of care, and the right to be duly registered at the first healthcare facility where treatment has been sought, as well as at any subsequent facilities where care is sought. When being transferred from one healthcare facility to another, the patient / caregiver must receive a complete explanation of the justification for the transfer, the alternative options</p> <p>1) Medical Council of India code of ethics section 3.6</p> <p>2) World Health Organisation – Referral Notes</p> <p>3) Various IPHS documents</p>

	influences	<p>for a transfer and it must be confirmed that the transfer is acceptable to the receiving facility. The patient and caregivers have the right to be informed by the hospital about any continuing healthcare requirements following discharge from the hospital. The hospital management has a duty to ensure proper referral and transfer of patients regarding such a shift in care.</p> <p>In regard to all referrals of patients, including referrals to other hospitals, specialists, laboratories or imaging services, the decision regarding facility to which referral is made must be guided entirely by the best interest of the patient. The referral process must not be influenced by any commercial consideration such as kickbacks, commissions, incentives, or other perverse business practices.</p>	
13	Right to protection for patients involved in clinical trials	<p>Every person / patient who is approached to participate in a clinical trial has a right to due protection in this context. All clinical trials must be conducted in compliance with the protocols and Good Clinical Practice Guidelines issued by Central Drugs Standard Control Organisation, Directorate General of Health</p>	<p>1) Protocols and Good Clinical Practice Guidelines issued by Central Drugs Standard Control Organisation, Directorate General</p>

<p>Services, Govt. of India as well as all applicable statutory provisions of Amended Drugs and Cosmetics Act, 1940 and Rules, 1945, including observance of the following provisions related to patients rights:</p>	<p>of Health Services, Govt. of India</p> <p>2) Amended Drugs and Cosmetics Act, 1940 and Rules, 1945 especially schedule Y</p>
<p>a) Participation of patients in clinical trials must always be based on informed consent, given after provision of all relevant information. The patient must be given a copy of the signed informed consent form, which provides him / her with a record containing basic information about the trial and also becomes documentary evidence to prove their participation in the trial.</p>	<p>3) National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, Indian Council of Medical Research, New Delhi, 2017</p>
<p>b) A participant's right to agree or decline consent to take part in a clinical trial must be respected and her/his refusal should not affect routine care.</p>	<p>4) World Medical Assembly Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects available at_</p>
<p>c) The patient should also be informed in writing about the name of the drug / intervention that is undergoing trial along with dates, dose and</p>	<p>www.wma.net/en/30publications/10policies/b3/17c.pdf</p>

duration of administration.

- d) At all times, the privacy of a trial participant must be maintained and any information gathered from the participant must be kept strictly confidential.
- e) Trial participants who suffer any adverse impact during their participation in a trial are entitled to free medical management of adverse events, irrespective of relatedness to the clinical trial, which should be given for as long as required or till such time as it is established that the injury is not related to the clinical trial. In addition, financial or other assistance must be given to compensate them for any impairment or disability. In case of death, their dependents have the right to compensation.
- f) Ancillary care may be provided to clinical trial participants for non-study/trial related illnesses arising during the period of the trial. This could be in the form of medical care or reference to facilities, as may be

appropriate.

- g) Institutional mechanisms must be established to allow for insurance coverage of trial related or unrelated illnesses (ancillary care) and award of compensation wherever deemed necessary by the concerned Ethics Committee.
- h) After the trial, participants should be assured of access to the best treatment methods that may have been proven by the study.

Any doctor or hospital who is involved in a clinical trial has a duty to ensure that all these guidelines are followed in case of any persons / patients involved in such a trial.

14	Right to protection of participants involved in biomedical and	Every patient who is taking part in biomedical research shall be referred to as research participant and every research participant has a right to due protection in this context. Any research involving such participants should follow the National Ethical Guidelines for Biomedical and Health Research Involving Human	1) National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, Indian Council of Medical Research,
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<p>health research</p>	<p>Participants, 2017 laid down by Indian council for Medical Research and should be carried out with prior approval of the Ethics Committee.</p> <p>Documented informed consent of the research participants should be taken. Additional safeguards should be taken in research involving vulnerable population. Right to dignity, right to privacy and confidentiality of individuals and communities should be protected.</p> <p>Research participants who suffer any direct physical, psychological, social, legal or economic harm as a result of their participation are entitled, after due assessment, to financial or other assistance to compensate them equitably for any temporary or permanent impairment or disability.</p> <p>The benefits accruing from research should be made accessible to individuals, communities and populations whenever relevant.</p>	<p>New Delhi, 2017</p> <p>2) World Medical Assembly</p> <p>Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects available at www.wma.net/en/30publications/10policies/b3/17c.pdf</p> <p>3) Drugs & Cosmetic Act, Rules 2016 on Clinical Trails</p>
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		Any doctor or hospital who is involved in biomedical and health research involving patients has a duty to ensure that all these guidelines are followed in case of any persons / patients involved in such research.	
15	Right to take discharge of patient, or receive body of deceased from hospital	<p>A patient has the right to take discharge and cannot be detained in a hospital, on procedural grounds such as dispute in payment of hospital charges. Similarly, caretakers have the right to the dead body of a patient who had been treated in a hospital and the dead body cannot be detailed on procedural grounds, including nonpayment/dispute regarding payment of hospital charges against wishes of the caretakers.</p> <p>The hospital management has a duty to observe these rights and not to indulge in wrongful confinement of any patient, or dead body of patient, treated in the hospital under any circumstances.</p>	<p>1) Prohibition of wrongful confinement under Sec. 340-342 of IPC.</p> <p>Statements of Mumbai High Court.</p> <p>2) Consumer Protection Act 1986</p>
16	Right to Patient Education	<p>Patients have the right to receive education about major facts relevant to his/her condition and healthy living practices, their rights and responsibilities, officially supported health insurance schemes relevant to the patient, relevant entitlements in case of charitable hospitals, and how to seek redressal of</p>	<p>1) The Consumer Protection Act, 1986</p> <p>2) Standards for Hospital level 1 by National Clinical Establishments Council set up as per Clinical</p>

		<p>grievances in the language the patients understand or seek the education.</p> <p>The hospital management and treating physician have a duty to provide such education to each patient according to standard procedure in the language the patients understand and communicate in a simple and easy to understand manner.</p>	Establishment Act 2010
17	Right to be heard and seek redressal	<p>Every patient and their caregivers have the right to give feedback, make comments, or lodge complaints about the health care they are receiving or had received from a doctor or hospital. This includes the right to be given information and advice on how to give feedback, make comments, or make a complaint in a simple and user-friendly manner.</p> <p>Patients and caregivers have the right to seek redressal in case they are aggrieved, on account of infringement of any of the above mentioned rights in this charter. This may be done by lodging a complaint with an official designated for this purpose by the hospital / healthcare provider and further with an official mechanism constituted by the government such as Patients'</p>	<p>1) The Consumer Protection Act, 1986</p> <p>2) NHS - Charter of Patient Rights and Responsibilities</p>

rights Tribunal Forum or Clinical establishments regulatory authority as the case may be. All complaints must be registered by providing a registration number and there should be a robust tracking and tracing mechanism to ascertain the status of the complaint resolution.

The patient and caregivers have the right to a fair and prompt redressal of their grievances. Further, they have the right to receive in writing the outcome of the complaint within 15 days from the date of the receipt of the complaint.

Every hospital and clinical establishment has the duty to set up an internal redressal mechanism as well as to fully comply and cooperate with official redressal mechanisms including making available all relevant information and taking action in full accordance with orders of the redressal body as per the Patient's Right Charter or as per the applicable existing laws.

Responsibilities of patients and caretakers

Along with promoting their rights, patients and caretakers should follow their responsibilities so that hospitals and doctors can perform their work satisfactorily.

- 1) Patients should provide all required health related information to their doctor, in response to the doctor's queries without concealing any relevant information, so that diagnosis and treatment can be facilitated.
- 2) Patients should cooperate with the doctor during examination, diagnostic tests and treatment, and should follow doctor's advice, while keeping in view their right to participate in decision making related to treatment.
- 3) Patients should follow all instructions regarding appointment time, cooperate with hospital staff and fellow patients, avoid creating disturbance to other patients, and maintain cleanliness in the hospital.
- 4) Patients should respect the dignity of the doctor and other hospital staff as human beings and as professionals. Whatever the grievance may be, patient / caregivers should not resort to violence in any form and damage or destroy any property of the hospital or the service provider.
- 5) The Patients should take responsibility for their actions based on choices made regarding treatment options, and in case they refuse treatment (not clear???)

Recommended mechanism for implementation of Charter of Patient's Rights and Grievance redressal

mechanism

NHRC recommends to the Government of India, all State Governments and Administration of all the Union Territories that they should seriously consider the adoption of the charter and incorporate this Charter of Patients' Rights in the entire range of existing and emerging regulatory frameworks concerning the health care sector, under their jurisdiction.

Further NHRC recommends that all State Human Rights Commissions should adopt the Charter of Patients' Rights to be treated as a reference document in all cases related to human rights violations concerning patients and all users of health care services.

NHRC further recommends that all administrative and regulatory authorities completely or partially related with the healthcare sector, including but not limited to the following should incorporate and promote implementation of the Charter of Patient's Rights within their jurisdiction wherever applicable.

1. Ministry of Health and Family Welfare, Government of India
2. Public Health and Family Welfare Departments in all States and UTs
3. Medical Education Department of States and UTs, wherever they exist
4. Executive/Managing authorities of all publicly funded healthcare insurance schemes and Public-Private-Partnership arrangements in healthcare by Government of India, all State Governments and administrations in all UTs
5. National Council for Clinical Establishments
6. State Councils for Clinical Establishments, wherever applicable

7. Authorities established under State Nursing Home Acts or equivalent acts, wherever applicable
8. Medical Council of India / National Medical Commission or equivalent body
9. State Medical Councils in all States and UTs
10. Central Council of Indian Medicine
11. State Councils for Indian Medicine in all States and UTs
12. Any other healthcare related statutory councils established in all States and UTs
13. Central Consumer Protection Council, all State and District consumer protection councils
14. Registrar of Societies in all States and UTs, in the context of non-profit clinical establishments
15. Charity Commissioner in those States wherever applicable, in the context of non-profit clinical establishments
16. Department of Religious and Charitable Endowments in those States wherever applicable, in the context of non-profit clinical establishments
17. Registrar of Companies, in the context of for-profit hospitals run by companies and non-profit clinical establishments run by companies registered under Section 25
18. Central Drugs and Standard Control Organisation, Ministry of Health & Family Welfare, Government of India

19. Quality Council of India, New Delhi

20. Department of Consumer Affairs, Ministry of Consumer Affairs, Food & Public Distribution, Government of India

Once the Patients' Rights Charter has been adopted by the Govt. of India, State Governments and the Administration of the Union Territories, they may stipulate/ensure that all types of Clinical Establishments (both therapeutic and diagnostic) display this Charter prominently within their premises, orient all their staff and consultants regarding the Charter, and observe the Charter of Patients' Rights in letter and spirit irrespective of whether such clinical establishment is owned, controlled or managed by-

- i. the Government or a department of the Government;
- ii. a trust, whether public or private;
- iii. a corporation (including a society) registered under a Central, Provincial or State Act, whether or not owned by the Government;
- iv. a privately owned enterprise;
- v. a local authority

Further, NHRC recommends to the Government of India, all State Governments and administration of Union Territories to ensure the setting up of a grievance redressal mechanism for patients, as a component of their existing or emerging regulatory frameworks for clinical establishments, by making required modifications in rules, regulations and acts where required. Observance of patients' rights and setting up of grievance

redressal mechanism for protection of these Rights should be made an integral component of the implementation of Clinical Establishment (Registration and Regulation) Act 2010 in those states who have adopted it, or as a component of state specific regulatory frameworks for clinical establishments in other states, which have equivalent state specific legislations, or are planning to enact state specific legislations to regulate clinical establishments.

NHRC recommends that Patients' rights grievance redressal mechanisms should have the following components-

1. Every clinical establishment should set up an internal grievance redressal mechanism. First, patients may file a complaint with an authorized representative who can be named 'Internal Grievance Redressal Officer' of the clinical establishment, either individually in person through an authorized representative or collectively through a consumer group or civil society organization. The clinical establishment's Internal Grievance Redressal Officer shall consider the complaint and try to find an appropriate solution, keeping in view the provisions of the Patients' Rights Charter and promptly acknowledge the receipt of the complaint within 24 hours by assigning a registration number for tracking and tracing the status of the complaint.
2. If a solution acceptable to the patient is not found at the level of the clinical establishment and the patient/representative is not satisfied, then he/she may approach the office of the district level registering authority set up under Clinical Establishment (Registration and Regulation) Act 2010 in those States who have adopted it, or equivalent district level authorities created under the State specific clinical establishments act or similar regulatory frameworks for clinical establishments in other states which have other State specific legislations. The district level registering authority shall verify the facts of the matter, and where there is clear violation of patient's

rights as brought out facts, the registering authority may issue necessary executive orders to the clinical establishment for rectification. If there is any dispute over interpretation of Charter of Patient's Rights and provisions in the regulatory framework, the registering authority may clarify the procedure, rules, regulations and attempt to resolve the complaint through mediation between both parties within 30 days from the date of receipt of the appeal.

3. In case of any particular complaint, if even after completing the above mentioned procedure, the patient or his/her representative is not satisfied, then he/she can file appeal before the State Council of Clinical Establishments under Clinical Establishment (Registration and Regulation) Act 2010 in those states who have adopted the Act. Section 8(5)(e) empowers the 'State Council for Clinical Establishments' to hear appeals against the orders of the District Registering Authority set up under CEA 2010. 'State Council of Clinical Establishment' can set up a three or five member sub-committee / cell (with multi-stakeholder participation) which can be named as 'Healthcare Grievance Redressal Authority' for resolution of patient's grievances, and pass rectification orders or disciplinary orders or punitive orders which would be binding upon the clinical establishments within the framework of CEA within 30 days from the date of receipt of the appeal. The complaints procedure to be set up under the State Council of Clinical Establishments should explicitly state that it is not intended as a means of achieving monetary compensation.
4. Apart from the above mentioned grievance redressal mechanisms, patients/representatives would always be free to approach the State Medical Council to seek disciplinary action against unethical conduct of any specific doctor, and also free to approach Consumer Forums at

various levels to seek financial compensation, or approach Civil/Criminal Courts keeping in view the nature of the complaint i.e., creation of a separate grievance redressal machinery to deal with violations of Patients' Rights Charter shall in no way either extinguish or affect adversely the existing legal remedies both civil and criminal available to patients and their caregivers under the existing legal framework.

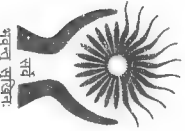
SPEED POST
BNFL CODE NO.
745/2017

Received on 18 Sep 2002

F.No. 28/8/2002-2022



DELIVERY ATTEMPTED (DATE) (TIME)	
REASON OF NON-DELIVERY	
<input type="checkbox"/> गलत/अधूरा पता Incorrect/Incomplete Address	<input type="checkbox"/> लेने से मना किया Refused
<input type="checkbox"/> घर/भवन बंद था। House / Premises Locked	<input type="checkbox"/> इस पते पर इस नाम का कोई व्यक्ति नहीं है No Such person on the Address



राष्ट्रीय मानव अधिकार आयोग
National Human Rights Commission
मानव अधिकार भवन, ब्लॉक सी, जीपीओ परिसर, आईएनए,
Manav Adhikar Bhawan, Block-C, GPO Complex INA
नई दिल्ली-110 023, भारत, New Delhi-110 023, INDIA
Website : www.nhrc.nic.in

26

Z-17025/75/2023-RTICELL

3293005/2023/ME CELL - DGHS

I/3611436/2023

RTI MATTER

Z-17025/75/2023-RTI CELL

भारत सरकार/Government of India

स्वास्थ्य एवं परिवार कल्याण मंत्रालय/Ministry of Health and F.W.

स्वास्थ्य सेवा महानिदेशालय/Directorate General of Health Services

(आर टी आई प्रकोष्ठ/R.T.I. CELL)

Nirman Bhawan / निर्माण भवन
New Delhi / नई दिल्ली

Dated /दिनांक:- 28.08.2023

OFFICE MEMORANDUM

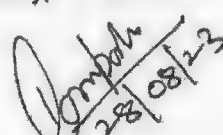
Subject: RTI Application of Sh. Anirban Chakraborty for seeking information under RTI Act 2005 – Reg.

The undersigned is directed to forward the RTI application dated 24.12.2022 of Sh. Anirban Chakraborty received in this office through EHS Section of Ministry of Health & Family Welfare vide their letter No. F-20020/208/2022-EHS regarding the subject matter.

2. In this Connection, the information sought in the RTI application is more closely related to the CPIO mentioned below. Hence, RTI is being forwarded to the concerned CPIO with the request that the requisite information may kindly be provided to the Applicant directly under intimation to the RTI Cell, Dte.GHS.

3. In case, the full or partial content of RTI application does not pertain to you, it may kindly be transferred to the closely concerned CPIO/Public Authority, in terms of provisions of RTI Act, 2005, under intimation to RTI Cell, Dte.GHS.

Encl: As above


(Pamposh Pokhriyal)
Deputy Director & CPIO
RTI Cell, Dte.GHS

To,

1. Dr. Sunny Swankar, CPIO & ADG, Dte.GHS, Nirman Bhawan, New Delhi along with the copy of the RTI application for necessary action.

Copy for information to: -

1. Sh. Anirban Chakraborty, 2 No. Motilal colony, PO Rajbari Colony,
Calcutta (West Bengal) 700081.

57/6/8 no papered

I/3011436/2023
Dia/58240/2023

Z-17025/75/2023-RTI Cell

By Ordinary Post

To,

Sh. Anirban Chakraborty,

2 No. Motilal colony, PO Rajbari Colony,

[Redacted]
[Redacted], Calcutta,

West Bengal - 700081

DIRECTORATE GENERAL OF HEALTH SERVICES

स्वास्थ्य सेवा महानिदेशालय

भारत सरकार
GOVERNMENT OF INDIA

निर्माण भवन, नई दिल्ली

NIRMAN BHAWAN, NEW DELHI

1 | 3611436/Dia/58240/23



34

I/3610504/2023

FTS -8227200
FILE NO – Z.28016/32/2023-SAS-II(NCS)
Government of India
Directorate General of Health Services
National Council Secretariat

Nirman Bhawan, New Delhi
Dated 23rd August, 2023

To,

Sh. Anirban Chakraborty,
2 No. Motilal colony, P.O. Rajbari Colony,
Calcutta (West Bengal) -700081.
Email:-

SUBJECT: Application of Sh. Anirban Chakraborty, seeking information under RTI Act, 2005 – reg.
Sir/Madam,

I am to refer to your online RTI application vide Registration No. CGHSD/R/T/23/00017, dated 01.02.2023 received in this division on 10 August 2023, on the above mentioned subject. As far as Clinical Establishment Act division is concerned the information is as under:

S.NO	Question	Information
1.	What are the rights of a patient, irrespective of its affiliation, recognized and adopted by the Govt. of India?	Under the Clinical Establishments (Registration and Regulation) Act, 2010, National Council for Clinical Establishments has approved a Charter of Patients' Rights and Responsibilities for compliance by Clinical Establishments. The same is available at web link: http://clinicalestablishments.gov.in/WriteReadData/3181.pdf
2.	If the right to obtain the second medical opinion (the said right) is recognized and adopted by the Government of India; then provide the followings: i) the details of how each public authorities facilitates patients	The right to obtain second opinion is also included in the aforesaid Charter at point No.V. i) MoHFW has disseminated the Charter of Patients' Rights to all states vide letters dated 2nd June 2019 and 29-11-2022, with all States/UTs for adoption. The copy of aforesaid letters may be seen at http://www.clinicalestablishments.gov.in/WriteReadData/2911.pdf ii) However, health is a State subject, It is under the remit of the State to implement the rules and regulations given under the

	to entertain the said right; ii) the names of the (a) public authorities and (b) health schemes that have no policy on the said right.	CEAct Wherever Act is applicable. It is also to inform that; the Clinical Establishments Act is not applicable in West Bengal. The applicant is requested to contact the Government authorities for further information.
3.	Is the right to obtain second medical opinion recognised and adopted by the National Human Rights Commission?	This division deals with the Clinical Establishment Act, information related to National Human Rights Commission is not available with this division. The RTI application is being transferred under Section 6(3) of the RTI Act to National Human Rights Commission, for providing the information directly to the Applicant.
4.	For the above queries {1, 2(i), and 3}, provide certified copies of the supporting documents.	Charter of Patients' Rights and Responsibilities is available at web link: http://clinicalestablishments.gov.in/WriteReadData/3181.pdf However, if certified copy is required, applicant may submit fee@ Rs. 2 per page in favour of PAO, DGHS for providing the certified copy which has 5 pages.

As per the RTI Act, 2005, if you are not satisfied with the above reply of the CPIO, you may prefer an appeal (within 30 days) with the Appellate Authority, i.e., Dr. Anil Kumar, Addl.DDG (AK) & FAA, Directorate General of Health Services, Nirman Bhawan, Maulana Azad Road, New Delhi.

Yours Sincerely



Dr. Sunny Swarnkar
CPIO & DADG (SS)

Copy to with copy of RTI application:

1. CPIO, National Human Rights Commission - with request to provide the information directly to the Applicant, if any.

Copy for information to:

1. Mrs. Anita Bilung, CPIO & US(MS), MOHFW, Nirman Bhawan, New Delhi.
2. RTI Cell, MOHFW, Nirman Bhawan, New Delhi.
3. RTI Cell, Dte.GHS, Nirman Bhawan, New Delhi.

I/3610504/2023

Received on 26/ Aug/2023

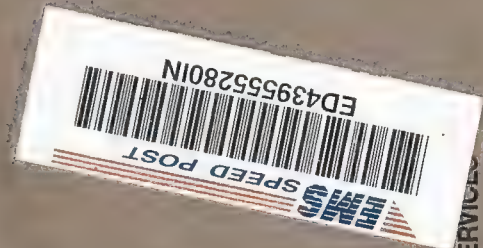
Speed Post

21

₹ 3610504/2023

SH. ANIRBAN CHAKRABORTY.
2-NO. MOTILAL COLONY. P.O.
RAJBARI COLONY -

Calcutta. (West Bengal)
- 700081.



57099

भारत सरकार
GOVERNMENT OF INDIA
स्वास्थ्य सेवा महानिदेशालय
DIRECTORATE GENERAL OF HEALTH SERVICES
निर्माण भवन, नई दिल्ली
NIRMAN BHAWAN, NEW DELHI

**ACCORD PRIORITY
TIME BOUND RTI CASE**
RTI Cell, Addl DG AE
G-6, D-1 Wing
Sena Bhawan, Gate No-4
IHQ of MoD (Army)
New Delhi -110011

A/810027/RTI/TFR_80999

27 Jul 2023

PIO (RTI)

Ministry of Health & Family Welfare
Room No 526, Wing C
Nirman Bhawan
New Delhi - 110011

RIGHT TO INFORMATION ACT - 2005
SHRI ANIRBAN CHAKRABORTY

1. Please find **enclosed copy** of RTI application No CGHSD/R/T/23/00017 dated 01 Feb 2023 alongwith First Appeal dated 29 May 2023 recd at this office on 25 Jul 2023, in r/o above mentioned applicant, seeking info under RTI Act 05.
2. Since the subject of information on **queries** of ibid RTI applications, pertains to/is more closely related to the functions of your office/office under your jurisdiction, the application, is therefore, transferred to you under the provisions of Sub-section 6 (3) of Right to Information Act 05. You are requested to provide information on above **queries** to the applicant.
3. Requisite application processing fee has been paid through payment gateway.
4. While forwarding info/denial of info to the applicant, address of the First Appellate Authority must be specified/mentioned so that applicant is able to prefer an appeal, if he/she wishes to do so.
5. In case the subject matter does not pertain to your office, **please transfer the same to appropriate office.**



(Signature)

(Sumita Pattanayak)
Colonel
Colonel RTI

Enclosures : As above.

Copy to :-

Shri Anirban Chakraborty ✓
2 No Motilal Colony,
PO - Rajbari Colony,
Calcutta
(West Bengal) 700081
Mob No -

-Your ibid RTI application has been transferred to above addressee under **Section 6 (3)** of Right to Information Act 05 with respect to **queries**. You are therefore, requested to correspond with them directly with respect to **queries** of your ibid RTI application.

30



सूचना का
अधिकार

RTI MATTER URGENT

BY POST

0



If undelivered please return to:
RTI Cell, ADG MT (AE),
G-6, D-1 Wing, Sena Bhawan,
IHQ of MoD (Army)
New Delhi-110011

Case No. ITK-80999 Date 31/07



N203663

110001 02.08.2023
ASBA 30/08/23

INDIA
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ASCON : 35641

Provost Marshal Dte and
O/o RTI Appellate Authority
Adjutant General's Branch
Defence Offices Complex, K G Marg,
Room No 407, A Block, 4th Floor,
Integrated HQs of MoD (Army)
DHQ PO New Delhi-110001

B/87008/AG/PM/RTI-Tfr (Appeal)

07 Jul 2023

Shri Anirban Chakraborty
2 No Motilal Colony, PO - Rajbari Colony

Calcutta (West Bengal) - 700081

RIGHT TO INFORMATION ACT 2005 : SHRI ANIRBAN CHAKRABORTY

1. Refer your appeal dated 29 May 2023 received at this office on 13 Jun 2023.
2. It is intimated that your appeal dated 29 May 2023 has been transferred to First Appellate Authority (RTI), Ministry of Health & Family Welfare, Room No. 106-D, Nirman Bhawan, New Delhi - 110011 vide RTI Cell letter No A/810027/RTI/TFR_77313 (Appeal) dated 21 Jun 2023. In view of the above, you may approach concerned designated First Appellate Authority accordingly.

Colonel
Staff Officer
O/o RTI Appellate Authority
Provost Marshal's Directorate
Integrated HQ of MoD (A)

Copy to:-

RTI Cell - for info w.r.t your letter No A/810027/RTI/TFR_77313 (Appeal) dt 30 Jun 23.

Received on 14/7/23.



REGD BY POST

Shri Anirban Chakraborty
2 No Motilal Colony, PO - Rajbari Colony

[Redacted]
[Redacted]
C/o Susha (West Bengal) - 700081



Case No: E/87008/AG/PM/RTI-Tfr (Appeal)

Dated : 07 Jul 2023

Received by
AG/PM Dte
AG/PM Dte
AG/PM Dte



सूचना का
अधिकार
RIGHT TO
INFORMATION

मिसिल संख्या: CGHSD/R/T/2023/00017-केसस्वायो(मु.)/दिल्ली /आरटीआई सेल/ 660-61

भारत सरकार अपर निदेशक का कार्यालय केसस्वायो(मु.), आरटीआई सेल सीजीएचएस भवन सैक्टर-13, रा.कृ.पुरम, नई दिल्ली-110066	 Your Health, Our Goal आपका स्वास्थ्य, हमारा लक्ष्य	GOVT. OF INDIA OFFICE OF THE ADDITIONAL DIRECTOR C. G. H. S. (HQ), RTI Cell CGHS BHAWAN Sector - 13, Rama Krishna Puram New Delhi - 110066
---	--	--

Dated:- 04-07-23


To

CPIO/Office of MD ECHS
Central Org. ECHS, AG's Branch,
IHQ of MOD (Army), Thimmaya Marg,
Delhi Cantt, New Delhi-110010

Subject :- 1st appeal in r/o Sh. Aniraban Chakraborty- regarding.

Reference is invited to the 1st appeal dated 23.02.2023 filed by Sh. Aniraban Chakraborty in respect of his RTI Reg. No. CGHSD/R/T/23/00017 dated 01.02.2023, which was already transferred to your office. Accordingly the RTI appeal is being transfer for necessary action.

Enclose: as above.


4/7/2023
Dr. S. Murthy
Nodal Officer,
RTI CGHS (HQ), Delhi

Copy for information:-

Sh. Anirban Chakraborty, No.2, Moti Lal Colony, P.O. Rajbari Colony, Calcutta
WB-700081.

Received on 8/7/23.

F.no.CGHSD/R/T/23/00017/Delhi/ RTI Cell/660-61



RTI
SPEED POST

To,
Sh. Aanirban Chokarborty,
No. 2, Moti Lal Colony, P.O. Rajbari Colony,
Kolkata (West Bengal)- 700081

BNPL Code-73272016
EPF Thakurkey Puri,
No. Delhi-110021
VAT No. AN
Date

Central Registry C.G.H.S. (I.D.)
CGHS Bawan
Sec-12, R.K. Puram, New Delhi-66

31

FTS – 8227200
File No – Z.28016/32/2023-SAS-II(NCS)

MOST IMMEDIATE / RTI MATTER

1st Appeal before the Appellate Authority
Under Section 19(01) of RTI Act, 2005

Government of India
Ministry of Health and Family Welfare
Directorate General of Health Services
[National Council Secretariat]

Nirman Bhawan, New Delhi
Dated 28th June, 2023

ORDER

This is regarding the First RTI Appeal, bearing no.RTIA/ACFSH/DHFWND/90A(4) dated 29.05.2023, of Sh. Anirban Chakraborty, received, by way of transfer from DS-EHS vide letter No. F.20020/620812022-EHS dated 30-5-2023, received on 14.06.2023, by the First Appellate Authority, Dr.Anil Kumar, Addl.DDG(AK). It is to mention that the original RTI application was not received by this division.

Received papers were thoroughly scrutinized and following facts are emerged out :

As far as the Division dealing with the Clinical Establishments (Registration and Regulation) Act, 2010 is concerned, it is to inform that the Charter of Patients' Rights has been amended and approved by the National Council for Clinical Establishments, and is available on the website of Clinical Establishments Act at: <http://www.clinicalestablishments.gov.in/WriteReadData/3181.pdf>. The right to obtain second opinion is also included in the aforesaid Charter at point no.v.

Further the charter has been shared vide letters dated 2nd June 2019 and 29-11-2022, with all States/UTs for adoption. The copy of aforesaid letters may be seen at weblink <http://www.clinicalestablishments.gov.in/WriteReadData/2911.pdf>

For any further information related to Clinical Establishments, the appellant may visit the website www.clinicalestablishments.gov.in

In view of the above, the appeal of the applicant is disposed of.

In case the applicant is not satisfied with the reply of the Appellate Authority, the applicant may file second appeal with Hon'ble CIC within stipulated time.



(Dr.Anil Kumar)

Addl.DDG(AK) & First Appellate Authority
Directorate General of Health Services

01123061806

To:

Sh. Anirban Chakraborty
2 No. Motilal Colony, P.O. Rajbari Colony

Calcutta, West Bengal – 700081

Mob:

E-Mail:

Copy for information to:

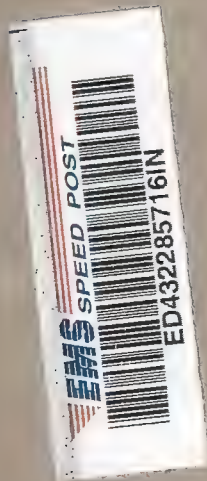
1. Dr.Sunny Swarnkar, DADG(SS), Dte.GHS, Nirman Bhawan, New Delhi.
2. Sh. Abhijit Chakraborty, DS, EHS Division, MoHFW, Nirman Bhawan, New Delhi.
3. RTI Cell, MOHFW, Nirman Bhawan, New Delhi.
4. RTI Cell, DGHS, Nirman Bhawan, New Delhi.

Received on 7/7/23.
Received by Email earlier.

SPEED POST

1/36000065/2023

To



SHRI ANIRBAN CHARABORTY

2-NO- PATILAL COLONY, P.O.

RAJBARI COLONY

CALCUTTA

WEST BENGAL - 700081

MOB-

भारत सरकार
GOVERNMENT OF INDIA
स्वास्थ्य सेवा महानिदेशालय
DIRECTORATE GENERAL OF HEALTH SERVICES
निर्माण भवन, नई दिल्ली
NIRMAN BHAWAN, NEW DELHI

No. F.20020/6208/2022-EHS
Government of India
Ministry of Health and Family Welfare
(EHS Division)

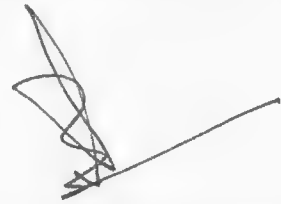
Nirman Bhavan, New Delhi
Dated 30.5.2023

ORDER

An RTI Application was originally transferred from RTI Cell of Addl. DG(AE), IHQ of MOD vide communication No. A/810027/RTI/TFR-77313 dt. 27.01.2023 to this Ministry and the CPIO responded vide F.No.20020/208/2022-EHS dt. 28.02.2023. The RTI Application was primarily on "right to obtain second medical opinion". In absence of any further detail on the context of the ibid "right", the CPIO provided information on "simplification of referral system under CGHS" (O.M. No. Z.15024/117/2017/DIR/CGHS/EHS dt. 15.01.2018), to facilitate the applicant.

AND WHEREAS, now the applicant has raised an Appeal vide No. RTIA/ACFSH/DHFWND/90A(4) dt. 29.05.2023, on the grounds of incomplete information after 03 months. Although the Appeal is a belated one, the delay is condoned only to restore his faith in the system, ignoring the averments made by him against the military establishment of the country.

AND WHEREAS, the applicant in his Appeal dt. 29.05.2023 has reiterated his RTI application seeking information on "right to obtain second medical opinion". However, in his present Appeal he has referred to OM of this Ministry issued F.No.Z-28015/09/2018-MH-II dt. 30.08.2018. Since, the subject of the referred OM is not within the scope of functioning of this Appellate Authority, this Appeal under RTI ACT is transferred to the concerned Appellate Authority i.e. Addl. DDG (Dr. Anil Kumar), DGHS, MOHFW for appropriate response.



(ABHIJIT CHAKRABORTY)
Deputy Secretary & Ist Appellate Authority

✓
Sh. Anirban Chakraborty
2 No. Motilal Colony, P.O. Rajbari Colony,
Calcutta, West Bengal,-700081.

Copy to. :

- Dr. Anil Kumar, Addl DDG, DGHS, MOHFW- With the request to decide on the enclosed Appeal as per the RTI Act.
- Ms. Hemlata Singh, US & CPIO.

318 2771/2023

Received on 17/6/23.

P-20020/6208/2022-GHS

SP-3595955/41650/2023

17/6/20

51

Sh. Anwar Chakraborty
2 No. Mohlal colony (P.O. Rajbari colony,
Calcutta,
West Bengal-700081.

Declaration:
I hereby declare that the above
mentioned details are true and correct
and I am not aware of any other
person who is in possession of the
above mentioned details.



001-918

Room - US, GHS
Mokpo, R. No. 536-A
N.B., New Delhi

File No. A.60011/FTS – 3008982/2023-RTI Cell

भारत सरकार/Government of India

स्वास्थ्य एवं परिवार कल्याण मंत्रालय /Ministry of Health & Family Welfare
स्वास्थ्य एवं परिवार कल्याण विभाग//Department of Health & Family Welfare
(RTI Cell)

निर्माण भवन नई दिल्ली /Nirman Bhawan, New Delhi -110011
New Delhi 15.02.2023

Subject: Transfer of RTI Application of Shr/Smt. Anirban Chakraborty, Under Section 6(3) of RTI Act, 2005.

Please find enclosed an RTI Application Dt. 05.01.2023 of Shr/Smt. Anirban Chakraborty, received in the RTI Cell on 10/02/2023 through R&I Section of this Department upon transfer from IHQ of MOD (Army) New Delhi under section 6(3) of RTI Act, 2005 vide their OM No. A/810027/RTI/TFR_773313 Dated. 27.01.2023

2. It is requested that the information sought by the applicant may be provided to the applicant directly in the prescribed time limit as per RTI Act 2005. In case, the information sought does not pertain to the aforesaid public authority, RTI application or relevant part of it may be transferred to the CPIO/PIO of other concerned Public Authority to which the matter closely related to under Section 6(3) of the RTI Act, 2005, for providing information to the applicant.

Encl: As state.

For Rakesh Kumar
ASO (S.O)
RTI Cell
Tel.No.011-23063682

To

Mrs. Hemlata Singh
CPIO/Under Secretary,
Department of Health & FW,
Nirman Bhawan, New Delhi

Copy for information to:

- Sh. SPS Chauhan, Lt Col Offg Col RTI, RTI Cell, Addl DG AE, G-6, D-1 Wing Sena Bhawan, Gate No. 4 IHQ of MoD (Army), New Delhi 110011 w.r.t dated. 27.01.2023
- Sh. Anirban Chakraborty, 2 No Motilal Colony, PO Rajbari Colony, , Calcutta (West Bengal) 700081.

L
110001 17.02.2023
B71D 00617003



P6

Received on 23/2/23.

A.60011/FTS - 3008982 /2023-RTI Cell

RTI CELL
Room No 216 D
Ministry of Health &
Family Welfare
Nirman Bhawan
New Delhi

• Sh. Anirban Chakraborty, 2 No Motilal
Colony, PO Rajbari Colony, [redacted]
[redacted] Calcutta
(West Bengal) 700081

**ACCORD PRIORITY
TIME BOUND RTI CASE**

RTI Cell, Addl DG AE
G-6, D-1 Wing
Sena Bhawan, Gate No-4
IHQ of MoD (Army)
New Delhi -110011

A/810027/RTI/TFR_77313

27 Jan 2023

CPIO (RTI)
Ministry of Health & Family Welfare
Room No 106-D, Nirman Bhawan
New Delhi-110 011

RIGHT TO INFORMATION ACT - 2005
SHRI ANIRBAN CHAKRABORTY

1. Please find **enclosed copy** of RTI application No ECHSD/R/T/23/00002 dated 05 Jan 2023 recd at this office on 20 Jan 2023, in r/o above mentioned applicant, seeking info under RTI Act 05.
2. Since the subject of information on **queries** of ibid RTI applications, pertains to/is more closely related to the functions of your office/office under your jurisdiction, the application, is therefore, transferred to you under the provisions of Sub-section 6 (3) of Right to Information Act 05. You are requested to provide information on above **queries** to the applicant.
3. Requisite application processing fee has been paid through payment gateway.
4. While forwarding info/denial of info to the applicant, address of the First Appellate Authority must be specified/mentioned so that applicant is able to prefer an appeal, if he/she wishes to do so.
5. In case the subject matter does not pertain to your office, **please transfer the same to appropriate office.**



(SPS Chauhan)
Lt Col
Offg Col RTI

Enclosures : As above.

Copy to :-

✓
Shri Anirban Chakraborty
2 No Motilal Colony,
PO - Rajbari Colony,
Calcutta (West Bengal) 700081
Mob No -

-Your ibid RTI application has been transferred to above addressee under **Section 6 (3)** of Right to Information Act 05 with respect to **queries**. You are therefore, requested to correspond with them directly with respect to **queries** of your ibid RTI application.



Case No. TR-77813 Date 31/01



If undelivered please return
RTI Cell, ADG MT (AE),
G-6, D-1 Wing, Sena Bhawa
IHQ of MOD (Army)
New Delhi-110011

N203663

₹5.00



CD85 286936

110001 08.02.2023



POSTAGE

Received on 21/2/23.